TITLE: Fall Prevention in Adults with Mental Health and Substance Use Needs: A Review of the Clinical Evidence and Guidelines

DATE: 11 January 2012

CONTEXT AND POLICY ISSUES:

Approximately 30 to 40 percent of falls are preventable.\(^1\) The most effective strategies appear to be multifactorial approaches that target risk factors of falls simultaneously in selected or unselected populations.\(^1\) Mental health conditions influence the risk of fall related injuries through multiple mechanisms.\(^2\) For example, elderly individuals with depression and anxiety may be less physically active and have more disability and impairments in activities of daily living than elderly individuals without mental health conditions.\(^2\) The clinical and economic impact of falls for adults with mental health and substance use needs is not readily available in the literature.

The purpose of this report is to review the clinical evidence and evidence-based guidelines for fall prevention among adults in outpatient mental health and substance use programs.

RESEARCH QUESTIONS:

1. What is the clinical evidence for fall prevention among adults in outpatient mental health and substance use programs?

2. What are the evidence-based guidelines and recommendations for fall prevention among adults in outpatient mental health and substance use programs?

KEY MESSAGE:

No evidence on fall prevention for adult outpatients in mental health and substance use programs was identified.
METHODS:

Literature search strategy

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2011, Issue 11), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and abbreviated list of major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2006 and December 09, 2011.

Selection Criteria and Methods

One reviewer screened the titles and abstracts of the retrieved publications.

Table 1: Selection Criteria

| Population | Adults (18 years or older)  
|            | Patients with mental health or substance use needs, who are admitted to outpatient, community or outreach programs |
| Intervention | Fall prevention protocols, strategies, tools, or management programs  
|              | Education programs on fall prevention |
| Comparator | Not specified |
| Outcomes | Q1: Clinical outcomes: risk of falls, adverse events (injuries, falls and accidents)  
|           | Q2: Guidelines and recommendations |
| Study Designs | Health technology assessments (HTAs), systematic reviews (SRs), meta-analyses (MAs), randomized controlled trials (RCTs), non-randomized studies (if few HTAs/ SRs/MAs/RCTs found), and evidence-based guidelines |

Exclusion Criteria

Studies were excluded if they did not meet the selection criteria, were duplicate publications or included in at least one selected systematic review, involved irrelevant study designs or were published before 2006.

Critical Appraisal of Individual Studies

Critical appraisal of the included systematic reviews were assessed using the AMSTAR criteria. Primary studies were assessed using the Downs and Black instrument. Evidence-based guidelines were assessed using the AGREE instrument.
SUMMARY OF EVIDENCE:

Quantity of Research Available

The literature search generated 222 citations. Upon screening 219 citations were excluded and three potentially relevant articles were identified for full-text review. No additional potentially relevant reports were identified through the grey literature search. Of the three potentially relevant articles, none of the articles met the inclusion criteria.

No relevant literature was found regarding fall prevention mental health and substance use needs, therefore no summary can be provided.

CONCLUSIONS AND IMPLICATIONS FOR DECISION OR POLICY MAKING:

Given that none of the potentially relevant studies met the criteria for inclusion, conclusions and the implications for decision or policy making cannot be addressed.

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REFERENCES:


APPENDIX 1: Selection of Included Studies

222 citations identified from electronic literature search and screened

219 citations excluded

3 potentially relevant articles retrieved for scrutiny (full text, if available)

0 potentially relevant reports retrieved from other sources (grey literature, hand search)

3 potentially relevant reports

3 reports excluded:
- irrelevant population (1)
- irrelevant intervention (1)
- irrelevant outcomes (1)

0 reports included in review